

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U-11001	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name William E Melke  P.O. Box, Bldg., Room No., if any  Street 4785 Joyce Dr  City Dayton  State Ohio ZIP Code + 4 45439-3123	4. Name, file number, and address of labor organization. Name IBEW Local 82 Labor Organization File Number 632062  P.O. Box, Building and Room Number, if any  Street 6550 Poe Ave.  City Dayton  State Ohio ZIP Code + 4 45414
5. Position in labor organization. Recording Secretary	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.        7.b. Amount

### Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed William E. Melke

On 8/12/2005

Date

937-294-3634

Telephone Number

Name of Person Filing William Melke

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name IBEW LU 82

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 6550 Poe Ave.

City Dayton

State Ohio

ZIP Code + 4 45414

9. Business deals with:

a. Labor Organization

☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name IBEW Employee Benefits

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 6550 Poe Ave.

City Dayton

State Ohio

ZIP Code + 4 45414

11.a. Nature of such dealing.

As a labor trustee for our Health and Welfare fund I attended an IBEW/NECA educational meeting at Sheraton Bal Harbor Beach Resort, Bal Harbor, Fla.. The meeting covered topics about a IBEW nation wide health insurance plan. See Attached documents

11.b. Approximate dollar value of such dealing.

\$576

12.a. Nature of interest held or income received.

Reimbursement of wages lost for attending the educational meeting. See attached documents

12.b. Amount.

\$225

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer

or Consultant

?

14.b. Amount of payment.

## TRUSTEE EXPENSE VOUCHER

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**THIS VOUCHER IS FOR:**

EXPENSES IN CONNECTION WITH ATTENDANCE AT EDUCATIONAL MEETING AT  
Sheraton Bal Harbour Beach Resort, Bal Harbour, Fla. (Location)

HELD ON Jan. 14-17, 04

SPONSORED BY IBEW/NECA

MY DATE OF DEPARTURE Jan. 14, 2004 MY DATE OF RETURN Jan. 17, 2004

**EXPENSES**

**TRANSPORTATION EXPENSES:**

Airfare, Train, Bus Airfare Paid by IBEW LU 82 Employee Benefits

**DAILY EXPENSES:**

DAILY EXPENSES (FROM REVERSE SIDE OF VOUCHER) \$ 575.55

**MEETING REGISTRATION FEE:**

☐ MEETING REGISTRATION FEE EXPENSE (ATTACH RECEIPT)

Paid by IBEW LU 82 Employee Benefits

**SETTLEMENT**

TOTAL EXPENSES WHICH I INCURRED .....\$ 575.55

LESS THE AMOUNT I RECEIVED AS AN ADVANCE (IF ANY) ..... \$ 300.00

EQUALS ..... \$ 275.55

~~AMOUNT OWING ME BY TRUST FUND I REQUEST REIMBURSEMENT~~ ..... ~~\$ 275.55~~

I HEREBY CERTIFY THAT THE EXPENSES DETAILED ON THIS VOUCHER ARE THE  
PROPER AND ACTUAL EXPENSES WHICH I INCURRED IN  
CONNECTION WITH THE TRUST FUND ACTIVITY NOTED ABOVE.  
DATED THIS 25 DAY OF March, 2004.

William E. Melke      4785 Joyce Dr. Dayton, Ohio

**NOTE TO TRUSTEE:** This voucher is for expenses personally incurred by you as a Trustee. If transportation charges, hotel deposits, registration fees or any other item has been paid directly by the Trust Fund, do not list on this voucher. If you travel with a family member or other person not connected with the Trust Fund, the expenses of such person are not reimbursable. If such expenses are included on any of the attached bills or receipts, you should note the necessary adjustments on the bill or receipt. (For example: If a restaurant bill contains a charge for a meal for one or more family members, subtract that amount and indicate on the bill that only the balance is being charged to the trust fund.) If any expense item requires an explanation, mark the item with an asterisk and write the explanation on the reverse side of this voucher. Reimbursement of expenses claimed on this voucher is subject to any expense policy or limitation which may have been adopted by the Board of Trustees.

**DAILY EXPENSES (ATTACH RECEIPTS FOR ALL MEAL EXPENSES AND ANY SINGLE ITEM OF \$25 OR MORE):**

DATE: Jan. 14, 2004

DATE: Jan. 15, 2004

HOTEL ROOM PLUS TAX \$ 244.83

HOTEL ROOM PLUS TAX \$ 244.83

BREAKFAST & TIP \$ 0

BREAKFAST & TIP \$ 0

LUNCH & TIP \$5.00

LUNCH & TIP \$ 45.89

DINNER & TIP \$ 0

DINNER & TIP \$ 0

BEVERAGES & TIP \$ 20.00

BEVERAGES & TIP \$ 10.00

PORTERS—BELLMEN \$ 5.00

PORTERS—BELLMEN \$ 0

LIMOS—TAXIS—BUSES \$ 0

LIMOS—TAXIS—BUSES \$ 0

TOTAL THIS DATE \$ 274.83

TOTAL THIS DATE \$ 300.72

TOTAL OF ALL DAILY EXPENSES \$ 575.55

(Transfer amount to front side of voucher)

.....  
"Reimbursable expenses" shall not include expenses of a personal nature or those expenses which are not related to fund business. For example, personal recreational expenses such as golf, tennis, rental of fishing boat and in-room movies are not reimbursable expenses.

SPACE FOR USE OF ADMINISTRATIVE AGENT OR FOR APPROVAL OF TRUST OFFICERS (IF REQUIRED).

**DISCLAIMER**

The International Foundation is making this form available as part of its role of providing educational materials regarding employee benefit matters.

This form is not intended to provide "ground rules" for expense reimbursement or the reporting of expense reimbursement for your Fund. What is

appropriate or proper in a situation depends on a number of factors including the terms of the Fund's Trust Agreement, policies and practices,

and the application of laws and regulations to the facts and circumstances of a particular situation. You should consult with your Fund's

advisors, including legal counsel, regarding what is an appropriate and proper expense reimbursement and reporting of such items. You may

need to customize the form to reflect your Fund's policies and circumstances.

IF MORE THAN FIVE DAYS,

ATTACH AN ADDITIONAL

VOUCHER SHEET

15M/10 03 ED031059

007488

William Melke

Check Number: 7488

Check Date: Jan 7, 2004

Check Amount: \$300.00

Description

Amount Paid

Expenses for IBEW conference - 1/14,1/15,1/16/04

300.00

ORIGINAL CHECK HAS A COLORED BACKGROUND PRINTED ON CHEMICAL REACTIVE PAPER - SEE BACK FOR DETAILS



IBEW EMPLOYEE BENEFITS  
HEALTH & WELFARE FUND  
OPERATIONS ACCOUNT  
6550 POE AVENUE  
DAYTON, OHIO 45414  
(937) 264-2058



KeyBank National Association  
DAYTON, OHIO  
56-29/422

007488

DATE

Jan 7, 2004

AMOUNT

\*\*\*\*\*\$300.00

PAY Three Hundred and 00/100 Dollars

TO THE  
ORDER  
OF

William Melke  
4785 Joyce Drive  
Dayton, OH 45439

*Dennis H. Hill*  
*Paul W. Melke*

⑈007488⑈ ⑆042200295⑆0800?⑈6997⑈⑈

IBEW EMPLOYEE BENEFITS HEALTH &amp; WELFARE FUND - OPERATIONS ACCOUNT

007488

William Melke

Check Number: 7488

Check Date: Jan 7, 2004

Check Amount: \$300.00

Description

Amount Paid

Expenses for IBEW conference - 1/14,1/15,1/16/04

300.00

⑈007488⑈ ⑆042200295⑆0800?⑈6997⑈⑈

## IBEW EMPLOYEE BENEFITS HEALTH &amp; WELFARE FUND - OPERATIONS ACCOUNT

William Melke

Check Number: 7580  
Check Date: Mar 29, 2004  
Check Amount: \$275.55

007580

## Item to be Paid - Description

IBEW/NECA Conf 1/04 - expenses W. Melke

Amount Paid

275.55

ORIGINAL CHECK HAS A COLORED BACKGROUND PRINTED ON CHEMICAL REACTIVE PAPER - SEE BACK FOR DETAILS



IBEW EMPLOYEE BENEFITS  
HEALTH & WELFARE FUND  
OPERATIONS ACCOUNT  
6550 POE AVENUE  
DAYTON, OHIO 45414  
(937) 264-2058



KeyBank National Association  
DAYTON, OHIO  
56-29/422

007580

DATE

AMOUNT

Mar 29, 2004

\*\*\*\*\*\$275.55

PAY Two Hundred Seventy-Five and 55/100 Dollars

TO THE ORDER OF William Melke  
4785 Joyce Drive  
Dayton, OH 45439

*Dennis H. Dwyer*  
*Paul W. Melke*

⑈007580⑈ ⑆042200295⑆08007⑈6997⑈

## IBEW EMPLOYEE BENEFITS HEALTH &amp; WELFARE FUND - OPERATIONS ACCOUNT

William Melke

Check Number: 7580  
Check Date: Mar 29, 2004  
Check Amount: \$275.55

007580

## Item to be Paid - Description

IBEW/NECA Conf 1/04 - expenses W. Melke

Amount Paid

275.55

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS LOCAL UNION NO. 82

10658

WILLIAM MELKE

Employee ID: MW  
Social Sec # 268-48-2989

	This Check	Year to Date		Hours	Rate	Total
Gross	225.20	2,313.30	Regular	8.00	28.15	225.20
Fed_Income	-19.36	-158.71				
Soc_Sec	-13.96	-143.36				
Medicare	-3.27	-33.58				
State	-3.39	-26.80				
UNITED WAY	-0.08	-0.94				
MR	-2.25	-23.09				
BLDG. FD.	-2.00	-23.50				
IBEW-COPE	-0.40	-4.70				
OPDUES-H	-0.16	-0.32				
OPDUES-G	-12.39	-20.27				
VAND	-3.94	-40.51				

Net Check: \$164.00

Total

8.00

225.20

Check Date: 3/30/04

Pay Period Ending: Mar 21, 2004

Check Number: 10658